## PART B - FEE(S) TRANSMITTAL

his form, together with applicable fec(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

|   | <b>/</b>  |  | or <u>F</u>   |   |   |  |   |
|---|---|--|---|---|---|--|---|
| indicated unless corrected maintenance fee notification   | below or directed otherwise   | smitting the ISSUI<br>Patent, advance ord<br>in Block 1, by (a)  | E FEE and Plers and notification of the specifying a  | UBLICATION FEE (if requirection of maintenance fees when the correspondence address;  | red). Blocks l<br>vill be mailed<br>and/or (b) ind  | through 5 s<br>to the current<br>dicating a sep      | should be completed when<br>correspondence address a<br>arate "FEE ADDRESS" for |
| CURRENT CORRESPONDEN  | ACE ADDRESS (Note: Use Block 1 for 7590 01/11/2005  | Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, may have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unit States Postal Service with sufficient postage for first class mail in an enveloaddressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below.   |   |   |   |  |   |
| Kenneth L. Tola<br>808 N. Causeway<br>Metairie, LA 7000   | Blvd.<br>)1   |  |   |   |   |  |   |
| 19/2005 SDENBOB2 0000   | 0119 10619695   |  |   | wetz  |   | <del></del>  |   |
| FC:2501   |   |  |   | 127   | ノン  | (Signature   |   |
|   |   |  |   |   | 4.11.   | 200  | (Date   |
| APPLICATION NO.   | FILING DATE   | FIRST NAMED IN   |   | INVENTOR  | ATTORNEY D  | OCKET NO.  | CONFIRMATION NO.  |
| 10/619,695  | 07/15/2003  | Chris  |   | oach  | i   |  | 7139  |
| TITLE OF INVENTION: I   | ELECTRIC TRIER  |  |   |   |   |  |   |
| APPLN. TYPE   | SMALL ENTITY  | ISSUE FEE  |   | PUBLICATION FEE   | TOTAL FE  | E(S) DUE   | DATE DUE  |
| nonprovisional  | YES   | \$700  |   | \$0   | \$70  | 00   | 04/11/2005  |
| EXAMINER  |   | ART UNIT   |   | CLASS-SUBCLASS  |   |  |   |
| CAMPBELL, THOR S  |   | 3742   |   | 219-433000  | •   |  |   |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |   |  | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |   |  |   |
| CFR 1.363).  Change of correspon Address form PTO/SB/1  "Fee Address" indica PTO/SB/47: Rev 03-02   |   |  | or agents Of<br>(2) the name<br>registered at<br>2 registered   | R, alternatively,<br>e of a single firm (having as a<br>ttorney or agent) and the nam<br>patent attorneys or agents. If   | member a<br>es of up to<br>no name is   | 3  |   |
| CFR 1.363).  Change of correspon Address form PTO/SB/I  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME ANI   | ation (or "Fee Address" Indic<br>or more recent) attached. Us<br>D RESIDENCE DATA TO E<br>as an assignee is identified b<br>in 37 CFR 3.11. Completion        | ation form<br>e of a Customer<br>E PRINTED ON TI<br>elow, no assignee d<br>of this form is NOT   | or agents Of  (2) the name registered at 2 registered listed, no na  HE PATENT ( lata will appea a substitute for   | R, alternatively, e of a single firm (having as a ttorney or agent) and the nam patent attorneys or agents. If me will be printed.  | es of up to<br>no name is<br>ee is identified   | 23I below, the c                                     | document has been filed fo  |
| CFR 1.363).  Change of correspon Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth i  (A) NAME OF ASSIGN   | ation (or "Fee Address" Indic<br>or more recent) attached. Us<br>D RESIDENCE DATA TO E<br>as an assignee is identified b<br>in 37 CFR 3.11. Completion<br>NEE | ation form e of a Customer E PRINTED ON TI elow, no assignce d of this form is NOT  (B) ries (will not be prin   | or agents Of  (2) the name registered at 2 registered listed, no na HE PATENT (lata will appea a substitute for RESIDENCE   | R, alternatively, e of a single firm (having as a ttorney or agent) and the nam patent attorneys or agents. If me will be printed.  (print or type) ar on the patent. If an assign or filing an assignment.  :: (CITY and STATE OR COU  | es of up to no name is  ee is identified JNTRY)   |  |   |
| CFR 1.363).  Change of correspon Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth i  (A) NAME OF ASSIGN  Please check the appropriat  4a. The fellowing fee(s) are  | ation (or "Fee Address" Indic<br>or more recent) attached. Us<br>D RESIDENCE DATA TO E<br>as an assignee is identified b<br>in 37 CFR 3.11. Completion<br>NEE | e of a Customer  E PRINTED ON TI clow, no assignee d of this form is NOT  (B)  ries (will not be printed to the control of the | or agents Of  (2) the name registered at 2 registered listed, no na  HE PATENT ( lata will appea a substitute for RESIDENCE   | R, alternatively, e of a single firm (having as a ttorney or agent) and the nam patent attorneys or agents. If me will be printed.  (print or type) ar on the patent. If an assign or filing an assignment.  E: (CITY and STATE OR COU-   | es of up to no name is ee is identified JNTRY)  |  |   |
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| CFR 1.363).  Change of correspon Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth i  (A) NAME OF ASSIGN  Please check the appropriat  4a. The fellowing fee(s) are  Issue Fee  Publication Fee (No Advance Order - # of         | ation (or "Fee Address" Indic<br>or more recent) attached. Us<br>D RESIDENCE DATA TO E<br>is an assignee is identified b<br>in 37 CFR 3.11. Completion<br>NEE | ries (will not be printed)   | or agents Of  (2) the name registered at 2 registered at 2 registered listed, no na  HE PATENT ( lata will appear a substitute for RESIDENCE  The don the pate of Form A check in Payment by The Direct Deposit Accounts.   | R, alternatively, e of a single firm (having as a ttorney or agent) and the nam patent attorneys or agents. If me will be printed.  (print or type) ar on the patent. If an assign or filing an assignment.  E: (CITY and STATE OR COU-   | es of up to no name is  ee is identified  JNTRY)  proporation or of  closed.  is attached.  harge the requi | ther private gr<br>red fee(s), or<br>lose an extra c | oup entity Government  credit any overpayment, to                               |

Kennet L Tole

Registration No.

Typed or printed name

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